

General

Title

Emergency department (ED): median time from ED arrival to time of departure from the emergency room for patients admitted to the facility from the ED.

Source(s)

Specifications manual for national hospital inpatient quality measures, version 3.1a. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; 2010 Apr 1. various p.

Measure Domain

Primary Measure Domain

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Access

Brief Abstract

Description

This measure is used to assess the median time from emergency department (ED) arrival to time of departure from the emergency room for patients admitted to the facility from the ED.

Rationale

Reducing the time patients remain in the emergency department (ED) can improve access to treatment and increase quality of care. Reducing this time potentially improves access to care specific to the patient condition and increases the capability to provide additional treatment. In recent times, EDs have experienced significant overcrowding. Although once only a problem in large, urban, teaching hospitals, the phenomenon has spread to other suburban and rural healthcare organizations. According to a 2002

national U.S. survey, more than 90% of large hospitals report EDs operating "at" or "over" capacity. Approximately one third of hospitals in the U.S. report increases in ambulance diversion in a given year, whereas up to half report crowded conditions in the ED. In a recent national survey, 40% of hospital leaders viewed ED crowding as a symptom of workforce shortages. ED crowding may result in delays in the administration of medication such as antibiotics for pneumonia and has been associated with perceptions of compromised emergency care. For patients with non-ST-segment-elevation myocardial infarction, long ED stays were associated with decreased use of guideline-recommended therapies and a higher risk of recurrent myocardial infarction. Overcrowding and heavy emergency resource demand have led to a number of problems, including ambulance refusals, prolonged patient waiting times, increased suffering for those who wait, rushed and unpleasant treatment environments, and potentially poor patient outcomes. When EDs are overwhelmed, their ability to respond to community emergencies and disasters may be compromised.

Primary Clinical Component

Emergency department (ED); median time from arrival to departure

Denominator Description

All patients discharged from acute inpatient care having a length of stay less than or equal to 120 days

Numerator Description

Continuous variable statement: Time (in minutes) from emergency department (ED) arrival to ED departure for patients admitted to the facility from the ED

The following rates are reported for this measure:

- Overall rate
- Reporting measure
- Observation patients
- Psychiatric/mental health patients

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

Collaborative inter-organizational quality improvement

External oversight/Medicaid

External oversight/Medicare

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Hospitals

Professionals Responsible for Health Care

Measure is not provider specific

Lowest Level of Health Care Delivery Addressed

Single Health Care Delivery Organizations

Target Population Age

Unspecified

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

See the "Rationale" field.

Association with Vulnerable Populations

Unspecified

Burden of Illness

See the "Rationale" field.

Utilization

See the "Rationale" field.

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

Getting Better

IOM Domain

Effectiveness

Timeliness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

All patients discharged from acute inpatient care having a length of stay less than 120 days

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

All patients discharged from acute inpatient care

Exclusions

Patients having a length of stay greater than 120 days

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Institutionalization

Denominator Time Window

Time window brackets index event

Numerator Inclusions/Exclusions

Inclusions

Continuous variable statement: Time (in minutes) from emergency department (ED) arrival to ED departure for patients admitted to the facility from the ED

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Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Institutionalization

Data Source

Administrative data

Medical record

Level of Determination of Quality

Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Continuous Variable

Interpretation of Score

Better quality is associated with a lower score

Allowance for Patient Factors

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

Description of Allowance for Patient Factors

The following rates are reported for this measure:

- Overall rate
- Reporting measure
- Observation patients
- Psychiatric/mental health patients

Standard of Comparison

External comparison at a point in time

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

Unspecified

Identifying Information

Original Title

ED-1: median time from ED arrival to ED departure for admitted ED patients.

Measure Collection Name

National Hospital Inpatient Quality Measures

Measure Set Name

Emergency Department (ED)

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

The Joint Commission - Health Care Accreditation Organization

Developer

Centers for Medicare & Medicaid Services/The Joint Commission - None

Funding Source(s)

Centers for Medicare & Medicaid Services (CMS) funding is from the United States Government.

Composition of the Group that Developed the Measure

Unspecified

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Endorser

National Quality Forum - None

Included in

Hospital Quality Alliance

Adaptation

Measure was not adapted from another source.

Release Date

2009 Oct

Revision Date

Measure Status

This is the current release of the measure.

Source(s)

Specifications manual for national hospital inpatient quality measures, version 3.1a. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; 2010 Apr 1. various p.

Measure Availability

The individual measure, "ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients," is published in "Specifications Manual for National Hospital Inpatient Quality Measures." This document is available from [The Joint Commission Web site](#) . Information is also available from the [QualityNet Web site](#) . Check The Joint Commission Web site and QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

NQMC Status

This NQMC summary was completed by ECRI Institute on October 25, 2010. The information was not verified by the Centers for Medicare & Medicaid Services (CMS).

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